

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY
MEPS-HC Two-Day Computer Hands-On Data Users' Workshop
Rockville, Maryland
August 20-21, 2002

REGISTRATION FORM
Please Print

Name: _____
Formal—including degrees: (for printed participant list)

Title: _____

Affiliation: _____

Address: _____

City/State/ZIP: _____

Telephone: _____ FAX: _____

Internet E-mail Address: _____

Please indicate any special requirements (e.g., accommodation for impaired mobility, sign interpreter):

Registration:

Registrations will be accepted on a first come, first served basis with a maximum of 40 participants. The Registration Fee is **\$100 for the two-day hands-on computer lab**. In order to attend day two of the computer lab, participants must attend the lecture and computer lab on day one. Payment must be in the form of a credit card or check. If your payment is by check, please make payable to **Social & Scientific Systems, Inc.** and send to the attention of **Diana Brown**. Your check must be received before you are considered a participant and officially registered for the workshop. Company checks should reference the MEPS Workshop and workshop dates (August 20-21), and include the registrant name. Acceptance notification will be via e-mail. No refund will be made after **Friday, August 9, 2002**.

PLEASE CHECK ONE ✓:

I have included a personal check or money order _____

I have provided information for credit card payment _____

CREDIT CARD COMPANY: _____ AMOUNT CHARGED: \$ _____
(Visa, MasterCard)

CREDIT CARD NUMBER: _____ EXP. DATE: _____

NAME PRINTED (as it appears on credit card): _____

BILLING ADDRESS: _____

SIGNATURE: _____

Please mail or fax this form for receipt by **Thursday, August 1, 2002** to:

Ms. Diana Brown
Social & Scientific Systems, Inc.
8757 Georgia Avenue, 12th Floor
Silver Spring, MD 20910
Phone: 301-628-3118
FAX: 301-628-3101, E-mail: dbrown@s-3.com

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Name: _____

(Two-day MEPS-HC Hands-on Workshop, continued)

We want to accommodate the needs of everyone, so it would be helpful if you could provide the following information to assist in planning the workshop:

1. SAS is the only statistical package available at the workshop. Please indicate your level of proficiency using that statistical software:

• SAS User: Expert: _____ Intermediate: _____ Beginner: _____

2. Please indicate your level of proficiency using MEPS-HC data:

Advanced User: _____ Intermediate User (Some MEPS data experience): _____ Beginner (No MEPS data experience): _____

3. We want to have the appropriate staff available for your questions. Please describe, in some detail, your analytic interests in using MEPS data:

4. For our information purposes, please indicate if you can use other statistical software (Specify): _____
